Oral Health Assessment Tool

An older adult's oral health should be assessed regularly using a consistent approach.

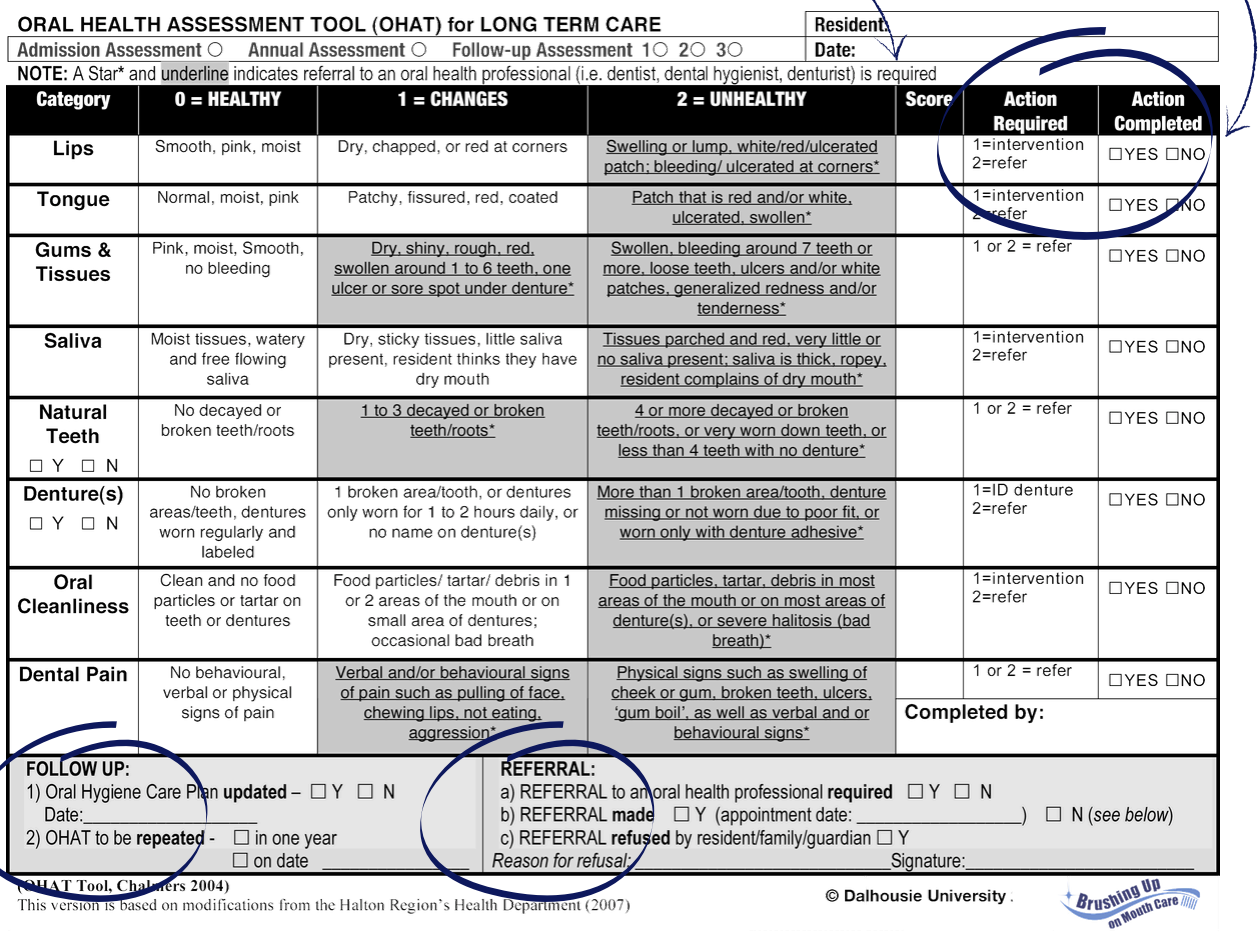
The **Oral Health Assessment Tool (OHAT)** is a common tool used to assess oral health. It is one page and easy to follow.

The OHAT should be completed for all new residents when they enter a care facility, before creating their first care plan. **ALL residents should have their oral health assessed at least once a year.**

Category: areas or conditions to be checked.

Score: for overall oral health, add up the scores.

Action Required & Action Completed



ORAL HEALTH ASSESSMENT TOOL (OHAT) for LONG TERM CARE

Resident:

Admission Assessment ○ Annual Assessment ○ Follow-up Assessment 1○ 2○ 3○

Date:

NOTE: A Star* and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, denturist) is required

Category	0 = HEALTHY	1 = CHANGES	2 = UNHEALTHY	Score	Action Required	Action Completed
Lips	Smooth, pink, moist	Dry, chapped, or red at corners	Swelling or lump, white/red/ulcerated patch; bleeding/ ulcerated at corners*		1=intervention 2=refer	☐YES ☐NO
Tongue	Normal, moist, pink	Patchy, fissured, red, coated	Patch that is red and/or white, ulcerated, swollen*		1=intervention 2=refer	☐YES ☐NO
Gums & Tissues	Pink, moist, Smooth, no bleeding	Dry, shiny, rough, red, swollen around 1 to 6 teeth, one ulcer or sore spot under denture*	Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness*		1 or 2 = refer	☐YES ☐NO
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, resident thinks they have dry mouth	Tissues parched and red, very little or no saliva present; saliva is thick, ropey, resident complains of dry mouth*		1=intervention 2=refer	☐YES ☐NO
Natural Teeth ☐ Y ☐ N	No decayed or broken teeth/roots	1 to 3 decayed or broken teeth/roots*	4 or more decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth with no denture*		1 or 2 = refer	☐YES ☐NO
Denture(s) ☐ Y ☐ N	No broken areas/teeth, dentures worn regularly and labeled	1 broken area/tooth, or dentures only worn for 1 to 2 hours daily, or no name on denture(s)	More than 1 broken area/tooth, denture missing or not worn due to poor fit, or worn only with denture adhesive*		1=ID denture 2=refer	☐YES ☐NO
Oral Cleanliness	Clean and no food particles or tartar on teeth or dentures	Food particles/ tartar/ debris in 1 or 2 areas of the mouth or on small area of dentures; occasional bad breath	Food particles, tartar, debris in most areas of the mouth or on most areas of denture(s), or severe halitosis (bad breath)*		1=intervention 2=refer	☐YES ☐NO
Dental Pain	No behavioural, verbal or physical signs of pain	Verbal and/or behavioural signs of pain such as pulling of face, chewing lips, not eating, aggression*	Physical signs such as swelling of cheek or gum, broken teeth, ulcers, 'gum boil', as well as verbal and or behavioural signs*		1 or 2 = refer	☐YES ☐NO

Completed by:

FOLLOW UP:
1) Oral Hygiene Care Plan **updated** – ☐ Y ☐ N
Date:_____
2) OHAT to be **repeated** - ☐ in one year
☐ on date _____

REFERRAL:
a) REFERRAL to an oral health professional **required** ☐ Y ☐ N
b) REFERRAL **made** ☐ Y (appointment date: _____) ☐ N (*see below*)
c) REFERRAL **refused** by resident/family/guardian ☐ Y
Reason for refusal: _____ Signature: _____

(OHAT Tool, Chalmers 2004)
This version is based on modifications from the Halton Region's Health Department (2007)

Follow up & Referral: The **Oral Hygiene Care Plan** should be updated based on the results of the OHAT. Referrals should be made as needed.

See the **Oral Health Assessment Tool** videos for more information.